

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Vantage Health & Rehab of New Bedford		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Hawthorn Street New Bedford, MA 02740	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37183</p> <p>Based on records reviewed, interviews, and observations, for one of three sampled residents (Resident #1), who was assessed by nursing as being at high risk for skin breakdown with actual pressure injuries (localized damage to the skin and underlying soft tissue usually over a bony prominence which can present as intact skin or an open ulcer and may be painful), the Facility failed to ensure Resident #1 received wound care treatment that was consistent with professional standards of practice when, on 02/11/25, during a dressing change observation, Nurse #1 did not follow Physician's Treatment Orders for Resident #1's dressing change and did not follow facility policy and procedure for wound care.</p> <p>Findings Include:</p> <p>Review of the Facility Policy, titled Non-Sterile Dressing Change, dated August 2016, indicated the following:</p> <ul style="list-style-type: none"> -Designated staff member will use non-sterile dressing technique for all dressing changes unless otherwise indicated by physician; -Clean aseptic should be used; -Bring equipment to resident's room; -Provide privacy to resident, explain procedure; -Prepare a clean, dry work area at bedside; -Use disinfectant solution to prepare work surface; -Place trash bag at end of bed or within easy reach of working area; -Wash hands, apply gloves; -Prepare/open dressing items on table; -Open packages and cut tape; <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Vantage Health & Rehab of New Bedford		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Hawthorn Street New Bedford, MA 02740	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> -Place initials and date on piece of tape or on the dressing; -Reposition resident to expose area to be dressed; -Remove soiled dressing, place it in the trash bag; -Remove gloves, wash hands, apply new gloves; -Clean wound with normal saline or prescribed cleanser; -Pat the tissue surrounding the wound dry with a 4x4; -Remove gloves, wash hands, apply new gloves; -Assess wound characteristics to determine appropriate interventions; -Apply prescribed topical agent to wound; -Apply wound dressing; -Discard gloves and all used supplies in trash bag; -Wash hands; -Discard trash bag in bio-hazardous waste receptacle as indicated; -Document the dressing change in medical record. <p>Review of the Facility Policy, titled Handwashing/Hand Hygiene, dated as revised August 2015, indicated the following:</p> <ul style="list-style-type: none"> -all personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors; -wash hands with soap and water; -use an alcohol-based hand rub containing at least 62% alcohol, or alternatively, soap and water for the following situations: before and after direct contact with residents, before handling clean or soiled dressings, gauze pads, before moving from a contaminated body site to a clean body site during resident care, after contact with a resident's intact skin, after handling used dressings, after removing gloves. -the use of gloves does not replace hand washing/hand hygiene; -integration of glove use alone with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections; -Single use gloves should be used before aseptic procedures; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Vantage Health & Rehab of New Bedford		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Hawthorn Street New Bedford, MA 02740	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-perform hand hygiene before applying non-sterile gloves;</p> <p>-perform hand hygiene after removing non-sterile gloves.</p> <p>Resident #1 was admitted to the Facility in August 2023, diagnoses included: cerebral infarction, dysphagia following cerebral infarction, type 2 diabetes mellitus, hemiplegia affecting left non-dominant side, chronic kidney disease, acute embolism and thrombosis of deep veins of left lower extremity, anxiety and major depressive disorder.</p> <p>Review of Resident #1's Significant Change Minimum Data Set (MDS), dated [DATE], indicated he/she required substantial/maximal assistance with rolling from side to side, sit to lying position and lying to sitting position. The MDS indicated that Resident #1 had moderate cognitive impairment.</p> <p>Review of Resident #1's Norton Plus Assessment (used to identify residents who are at risk for skin breakdown), dated 01/23/25, indicated he/she was at high risk for the development of pressure injuries and skin breakdown.</p> <p>Review of Resident #1's Care Plan related to Actual Alteration in Skin Integrity due to Pressure Injury Stage 2 (partial-thickness skin loss involving the epidermis and/or dermis), left lateral foot, dated 1/16/25, indicated to complete all treatments per physician orders.</p> <p>Review of Resident #1's Weekly Skin Check, dated 01/29/25, indicated that there was an open pressure injury to his/her left outer ankle which measured 0.3 centimeters (cm) length x 0.5 cm width with no measurable depth noted.</p> <p>Review of Resident #1's Pressure Injury Report, dated 02/06/25, indicated he/she had an intact Stage II Pressure Injury to his/her left lateral foot measuring 0.2 cm length x 0.2 cm width, with no measurable depth noted, pink in color, epithelial tissue in wound bed, and no drainage. The Report indicated that the current interventions and treatment was Calcium Alginate gauze to the wound every other day.</p> <p>Review of Resident #1's Physician's Orders, dated 02/06/25, indicated to cleanse left lateral foot Stage 2 pressure injury with normal saline, apply a small amount of calcium alginate (type of wound dressing derived from seaweed that absorbs exudate and forms a moist gel) and cover with a dry dressing every other day.</p> <p>On 02/11/25 at 10:15 A.M., the Surveyor observed Nurse #1 as she completed Resident #1's left foot dressing change, the observation went as follows:</p> <p>-Nurse #1 entered Resident #1's room with gloved hands, packaged gauze, unpackaged gauze and a spray bottle of wound solution;</p> <p>-Nurse #1 placed all of the dressing supplies on Resident #1's nightstand;</p> <p>-Resident #1 was lying on his/her back and Nurse #1 positioned herself by the foot of the bed;</p> <p>-Nurse #1 removed Resident #1's old dressing to his/her left lateral foot and placed the old dressing on the nightstand near the clean dressing supplies;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Vantage Health & Rehab of New Bedford		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Hawthorn Street New Bedford, MA 02740	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Nurse #1 sprayed the wound solution onto the unpackaged gauze;</p> <p>-Nurse #1 cleansed the wound with the unpackaged gauze and then placed the soiled gauze on the nightstand near the other clean dressing supplies;</p> <p>-Nurse #1 removed her soiled gloves, placed the gloves on the nightstand, opened the clean packaged gauze that was stored on the nightstand with all of the other soiled dressings, she dated and initialed the clean dressing;</p> <p>-Nurse #1 applied the new dressing without putting any gloves on and without performing hand hygiene;</p> <p>-Nurse #1 picked up all the soiled, contaminated dressings materials that were on the nightstand without any gloves on;</p> <p>-Nurse #1 walked out of Resident #1's room and proceeded to the nurses station without ever performing any hand hygiene;</p> <p>-Nurse #1 disposed of the soiled, contaminated dressing materials in the garbage receptacle attached to the Medication Cart and placed the spray bottle of wound solution on top of the Medication Cart;</p> <p>-Nurse #1 reviewed Resident #1's physician's orders for wound care in the Computer (Electronic Medical Record, EMR) that was attached to the Medication Cart;</p> <p>-Nurse #1 walked over to the Treatment Cart and proceeded to open up all three drawers;</p> <p>-Nurse #1 proceeded to walk into the Nurse's Report Office and go through the cabinets looking for Calcium Alginate dressings.</p> <p>During an interview on 02/11/25 at 10:25 A.M., with Nurse #1 after she completed the dressing change, the Surveyor asked her the following questions:</p> <p>-what was the solution in the spray bottle;</p> <p>-what product did she cleanse Resident #1's wound with;</p> <p>-what was the type of dressing that she applied to Resident #1's wound;</p> <p>-what were Resident #1's physician's order for the treatment.</p> <p>Nurse #1 said that normal saline was in the spray bottle and that is what she used to cleanse Resident #1's wound. Nurse #1 said that the dressing material she used on Resident #1's wound was a bordered gauze dressing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Vantage Health & Rehab of New Bedford		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Hawthorn Street New Bedford, MA 02740	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Nurse #1 said that after reviewing Resident #1's physician's orders after she completed the dressing change, she noted that he/she had an order for Calcium Alginate to his/her wound. Nurse #1 said she could not find any Calcium Alginate dressings in the Treatment Cart or on the Unit and would have to go downstairs to Central Supply.</p> <p>Nurse #1 never performed any hand hygiene, did not wear gloves when she applied the new dressing to Resident #1's left lateral foot, did not establish a clean field and did not dispose of the dressings into a designated container in Resident #1's room after completing the treatment. Nurse #1 did not follow the physician's order to apply Calcium Alginate dressing to Resident #1's wound.</p> <p>This was not consistent with the Facility's Non-Sterile Dressing Change and Handwashing/Hand Hygiene Policies.</p> <p>During an interview on 02/11/25 at 10:25 A.M., Nurse #1 said she has taken care of Resident #1 many times and has performed his/her wound care dressing changes many times. Nurse #1 said she was unsure of the Facility's policy on wound care. Nurse #1 said that she did not review Resident #1's Physician's Treatment Orders for his/her wound prior to performing the treatment and was unaware that he/she had an order for Calcium Alginate to the wound.</p> <p>During an interview on 02/11/25 at 3:35 P.M., the Unit Manager said that Nurse #1 told her that she had made a mistake during Resident #1's treatment administration. The Unit Manager said that Nurse #1 told her that she did not perform hand hygiene, did not wear gloves during Resident #1's wound care dressing change and did not administer the correct dressing. The Unit Manager said she could not understand why Nurse #1 did not perform hand hygiene and wear gloves during the procedure, or follow the physician's orders, and said that it was all basic nursing practice.</p> <p>During an interview on 02/11/25 at 4:15 P.M., the Clinical Operations Consultant said that it was her expectation that nurses follow the facility's policies and procedures for a dressing change, performing hand hygiene, wear gloves and follow physician's orders. The Clinical Operations Consultant said that Nurse #1 did not follow the facility's policies and procedures for dressing change, hand hygiene and did not follow Resident #1's physician's order for wound care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Vantage Health & Rehab of New Bedford		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Hawthorn Street New Bedford, MA 02740	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37183</p> <p>Based on records reviewed, interviews, and observations, for one of three sampled residents (Resident #1), who required wound care dressing changes to be completed by nursing, the Facility failed to ensure they maintained an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, and to help prevent the development and potential transmission of communicable diseases and infections, when on 02/11/25, during a dressing change observation, Nurse #1 did not utilize the necessary infection control precautions, protocols or procedures, increasing the risk for the spread of an infection.</p> <p>Findings Include:</p> <p>Review of the Facility Policy, titled Non-Sterile Dressing Change, dated August 2016, indicated the following:</p> <ul style="list-style-type: none"> -Designated staff member will use non-sterile dressing technique for all dressing changes unless otherwise indicated by physician; -Clean aseptic should be used; -Bring equipment to resident's room; -Provide privacy to resident, explain procedure; -Prepare a clean, dry work area at bedside; -Use disinfectant solution to prepare work surface; -Place trash bag at end of bed or within easy reach of working area; -Wash hands, apply gloves; -Prepare/open dressing items on table; -Open packages and cut tape; -Place initials and date on piece of tape or on the dressing; -Reposition resident to expose area to be dressed; -Remove soiled dressing, place it in the trash bag; -Remove gloves, wash hands, apply new gloves; -Clean wound with normal saline or prescribed cleanser; <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Vantage Health & Rehab of New Bedford		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Hawthorn Street New Bedford, MA 02740	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> -Pat the tissue surrounding the wound dry with a 4x4; -Remove gloves, wash hands, apply new gloves; -Assess wound characteristics to determine appropriate interventions; -Apply prescribed topical agent to wound; -Apply wound dressing; -Discard gloves and all used supplies in trash bag; -Wash hands; -Discard trash bag in bio-hazardous waste receptacle as indicated; -Document the dressing change in medical record. <p>Review of the Facility Policy, titled Handwashing/Hand Hygiene, dated as revised August 2015, indicated the following:</p> <ul style="list-style-type: none"> -this facility considers hand hygiene the primary means to prevent the spread of infections; -all personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors; -wash hands with soap and water; -use an alcohol-based hand rub containing at least 62% alcohol, or alternatively, soap and water for the following situations: before and after direct contact with residents, before handling clean or soiled dressings, gauze pads, before moving from a contaminated body site to a clean body site during resident care, after contact with a resident's intact skin, after handling used dressings, after removing gloves. -the use of gloves does not replace hand washing/hand hygiene; -integration of glove use alone with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections; -Single use gloves should be used before aseptic procedures; -perform hand hygiene before applying non-sterile gloves; -perform hand hygiene after removing non-sterile gloves. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Vantage Health & Rehab of New Bedford		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Hawthorn Street New Bedford, MA 02740	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #1 was admitted to the Facility in August 2023, diagnoses included: cerebral infarction, dysphagia following cerebral infarction, type 2 diabetes mellitus, hemiplegia affecting left non-dominant side, chronic kidney disease, acute embolism and thrombosis of deep veins of left lower extremity, anxiety and major depressive disorder.</p> <p>Review of Resident #1's Physician's Orders, dated 02/06/25, indicated to cleanse left lateral foot Stage 2 (partial-thickness skin loss involving the epidermis and/or dermis) with normal saline, apply a small amount of calcium alginate (type of wound dressing derived from seaweed that absorbs exudate and forms a moist gel) and cover with a dry dressing every other day.</p> <p>On 02/11/25 at 10:15 A.M., the Surveyor observed Nurse #1 as she completed Resident #1's left foot dressing change, the observation went as follows:</p> <ul style="list-style-type: none"> -Nurse #1 entered Resident #1's room with gloved hands, packaged gauze, unpackaged gauze and a spray bottle of wound solution; -Nurse #1 placed all of the dressing supplies on Resident #1's nightstand; -Resident #1 was lying on his/her back and Nurse #1 positioned herself by the foot of the bed; -Nurse #1 removed Resident #1's old dressing on his/her left lateral foot and placed the old soiled dressing materials on the nightstand near the clean dressing supplies; -Nurse #1 sprayed the wound solution onto the unpackaged gauze; -Nurse #1 cleansed the wound with the unpackaged gauze and then placed the soiled gauze on the nightstand near the other clean dressing supplies; -Nurse #1 removed her gloves, placed the gloves on the nightstand, opened the clean packaged gauze that was on the nightstand with all of the other soiled dressings, then dated and initialed the clean dressing; -Nurse #1 applied the new dressing, without putting any gloves on and without performing hand hygiene; -Nurse #1 then picked up all the soiled, contaminated dressings materials that were on the nightstand without putting any gloves on; -Nurse #1 walked out of Resident #1's room and proceeded to the nurses station without ever performing any hand hygiene; -Nurse #1 disposed of the soiled, contaminated materials in the garbage receptacle attached to the Medication Cart and placed the spray bottle of wound solution on top of the Medication Cart; -Nurse #1 reviewed Resident #1's physician's orders for wound care by accessing the Computer (Electronic Medical Record, EMR) that was attached to the Medication Cart; -Nurse #1 walked over to the Treatment Cart and proceeded to open up all three drawers; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Vantage Health & Rehab of New Bedford		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Hawthorn Street New Bedford, MA 02740	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Nurse #1 proceeded to walk into the Nurse's Report Office and go through the cabinets looking for Calcium Alginate dressings.</p> <p>Nurse #1 never performed any hand hygiene, did not wear gloves when she applied the new dressing to Resident #1's left lateral foot, did not establish a clean field and did not dispose of the soiled, contaminated dressing materials into the designated container that was in Resident #1's room after completing the treatment.</p> <p>As a result of Nurse #1 never performing any hand hygiene, she cross contaminated many surfaces when she touched the EMR computer, Treatment Cart Drawers and Nurse's Report Room cabinets.</p> <p>During an interview on 02/11/25 at 10:25 A.M., Nurse #1 said she has taken care of Resident #1 many times and has performed his/her wound care many times. Nurse #1 said she was unsure of the Facility's policy on wound care.</p> <p>During an interview on 02/11/25 at 3:35 P.M., the Unit Manager said that Nurse #1 told her that she had made a mistake during Resident #1's treatment administration. The Unit Manager said that Nurse #1 told her that she did not perform hand hygiene and did not wear gloves during Resident #1's dressing change. The Unit Manager said she could not understand why Nurse #1 did not perform hand hygiene and did not wear gloves during the procedure and said that they were basic nursing practices. The Unit Manager said Nurse #1 did not follow the facility's policies and procedures for dressing changes, hand hygiene or infection control practices.</p> <p>During an interview on 02/11/25 at 4:15 P.M., the Clinical Operations Consultant said that it was her expectation that nurses follow the facility's policies and procedures for infection control practices, dressing changes, hand hygiene and wear gloves during a dressing change. The Clinical Operations Consultant said that Nurse #1 did not follow the facility's policies and procedures for a dressing change and hand hygiene.</p>		